

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097202464

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/		51						
2	/				/		52						
3		21					53						
4		12					54						
5		⊕1				/	55						
6		⊕					56						
7		⊕1				/	57						
8		1⊕					58						
9		⊕					59						
10		1⊕					60						
11							61						
12							62						
13						/	63						
14						/	64						
15							65						
16							66						
17						/	67						
18							68						
19							69						
20						/	70						
21						/	71						
22						/	72						
23						/	73						
24						/	74						
25						/	75						
26						/	76						
27						/	77						
28						/	78						
29						/	79						
30						/	80						
31						/	81						
32						/	82						
33						/	83						
34						/	84						
35						/	85						
36						/	86						
37						/	87						
38						/	88						
39						/	89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2				4		TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	2				4		TOTAL CLAIMS						